

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE

BARRY ZIPPER,)	
)	
Plaintiff,)	C.A. NO. 06-444-KAJ
)	
v.)	JURY TRIAL DEMANDED
)	
STEPHEN LANGE, and)	
JOSEPH LANGE,)	
)	
Defendants.)	

INTERROGATORIES DIRECTED TO PLAINTIFF
BY DEFENDANTS STEPHEN LANGE AND JOSEPH LANGE¹

1. Give the names and last known addresses of all persons who were present at the scene of the accident when the accident occurred or who were present at the scene within ten minutes after it occurred, noting specifically those who were eye witnesses.

ANSWER:

2. Give the names and last known addresses of all other persons who have knowledge of the facts alleged in the pleadings other than those persons given in the answer to interrogatory

ANSWER:

3. Give the names and last known addresses of all persons from whom statements have been procured in regard to the facts alleged in the pleadings and state the present location of the original and all copies of each statement.

ANSWER:

4. Give the names and addresses of each person who has been interviewed on your behalf and state the present location of the original and all copies of each resume that may have

¹These interrogatories are continuing interrogatories, the answers to which are to be kept current.

been prepared.

ANSWER:

5. With reference to any report, memorandum, or resume prepared by you or anyone acting on your behalf but not necessarily limited to any investigator, insurance adjuster or other person pertaining to any of the facts alleged or referred to in the pleadings, give the date of each such matter in writing and as to each date given; state a general description of such writing and the present location of the original and all copies.

ANSWER:

6. Give the names and last known addresses of all persons who have taken photographs or prepared sketches or drawings in regard to any issue in this litigation and as to each person named, state a general description of the photographs, sketches, etc. and the present location of the original and all copies.

ANSWER:

7. State in detail each injury, illness, complaint, or disease you claim to have suffered in the accident or as a result of the accident upon which the complaint is based and state the name and address of each physician from whom you have obtained treatment and the dates of such treatment.

ANSWER:

8. If you have been treated by any physician or other person trained in the healing arts since the date of the accident at any time, for any condition other than those specified in the answer to the previous interrogatory, give a specific description of such condition and, as to each condition so described, state the name and address of the physician who rendered such treatment.

ANSWER:

9. With reference to any treatment received at any hospital as an outpatient as a result

of the injuries you claim to have sustained in this accident, state the date of such treatment and, as to each date stated, state the names and addresses of the hospital.

ANSWER:

10. With reference to every inpatient hospitalization of you which was a result of the injuries, damages, illnesses or diseases sustained by you as a result of this accident, state the inclusive dates of each hospitalization and, for each set of dates state the name and address of the hospital.

ANSWER:

11. If you were admitted to a hospital at any time since the date of the accident on any dates not specified in answer to the two previous interrogatories, give the date of admission, the name and address of the hospital and the condition for which you were admitted.

ANSWER:

12. If you are under the care of any physician, surgeon or other person skilled in the healing arts at the present time, state the names and address of such person and the date of your last examination or treatment by that person.

ANSWER:

13. If you are no longer under the care of a physician, surgeon or other medical personnel, give the date on which you were last treated or examined and the name and address of the physician making such examination or treatment.

ANSWER:

14. If you have fully recovered from any of the injuries, illnesses, complaints, discomforts or diseases which you claim resulted directly or indirectly from the accident, describe such injuries, illnesses, complaints, discomforts or diseases from which you have recovered and, as to each, state the date of such recovery.

ANSWER:

15. If you have not recovered from all of the injuries, illnesses, complaints, or diseases sustained in the accident upon which this complaint is based, state in what respect you have not fully recovered, and state the names and addresses of all persons trained in medicine who have knowledge of the fact that you have not fully recovered.

ANSWER:

16. If you claim to be permanently disabled in any respect, describe in detail each way in which you claim to be permanently disabled and, as to each state:

(a) the name and address of the physicians having knowledge that such disability is permanent;

(b) if you claim such permanent disability resulted in a loss of use, state the percentage of loss of use.

ANSWER:

17. If X-rays were taken in connection with any complaints you sustained as a result of the accident state the dates when such X-rays were taken and, as to each date stated, state the name and address of the persons taking the X-rays and the place where the X-rays were taken and the part of your body which was X-rayed.

ANSWER:

18. State whether you or anyone on your behalf has received doctors' or hospital records or records bearing on your injuries. If the answer is "yes", give a description of them and the name and last known address of the person or persons presently having custody of them.

ANSWER:

19. Describe in detail all illnesses, infirmities, diseases, or injuries which you had, or were informed that you had, during the 20 years prior to the accident which is the subject of this litigation and, as to each, state the inclusive date or dates when you had such condition.

ANSWER:

20. If you have ever been involved in any accident prior to or subsequent to the accident which is the subject of this litigation, of any kind whatsoever including automobile accidents, falls, something falling on you, or in any other way whatsoever, in which you sustained physical injuries or damages of any kind whatsoever, state the date of such accident, and as to each date stated, state:

(a) a general description of the accident and your injuries;

(b) the name and address of the physician or other person treating you;

(c) if you sustained, or any time after the accident claimed or anyone on your behalf claimed that you sustained permanent injury in this accident, then state specifically the nature of that permanent injury or the claim of permanent injury and, insofar as any physician at any time after the accident claimed to find a permanent injury, give the name and address of that doctor and identify by date any reports in which he may have stated a finding of permanent injury;

(d) insofar as a claim was made by your or on your behalf against any person, corporation, insurer (under your own policy or any other policy for damages or expenses or loss resulting from such injury), state the name and address of the person, corporation or organization against which such claim was made, and a specific description of the nature of the claim (as for instance, for general damages and special damages due to negligence of the other party, a claim for accident and health benefits, etc.). If such claim was paid or settled, state the total amount of such payment or settlement and the name and address of the insurer or other person actually making such payment.

ANSWER:

21. State your places of residence for the past fifteen (15) years and your date of birth:

ANSWER:

22. If you have received any workmen's compensation payments of any kind, whether or not in connection with this litigation, state the name and address of the employer and the name and address of the insurance company paying such benefits and the date of the accident for which the payments were made.

ANSWER:

23. Insofar as you have collected from any insurance company for benefits afforded under 21

Del. C. §2118, other than property damage, state the name and address of its insured, if other than you, and, as to each company named, state the date of each payment, the amount of each payment and a specific description of the manner in which such bill was calculated (as to the latter, for instance, \$20.00 paid for visits to Dr. Smith on January 1, 1974; \$200.00 constituting loss of income for the work ending January 1, 1974; etc.).

ANSWER:

24. Insofar as you have, in connection with the injuries you received in this litigation, received payment, or had payment made on your behalf of any expenses or losses resulting from this litigation, except as already listed in answer to the previous two interrogatories (as for instance, payments made by Blue Cross or any other accident and health insurer, any employer on wage continuation plans or the like, or any other source whatsoever), state the name and address of each person, corporation or organization providing such payments or benefits and, as to each person, corporation or organization named, state the basis on which the payment was determined (as, for instance, payment for medical expenses incurred, payment for loss of wages, based on wages previously received, or payment of monthly disability amounts and the amount of each individual payments and its date).

ANSWER:

25. If you claim the right to recover any "out-of-pocket" expenses, including but not limited to medical expenses and without regard to whether such claim was previously stated in the complaint, state the dollar amount of such expense and, as to each such amount stated, state:

- (a) the date when it was incurred;
- (b) the name and address of the person or organization to whom it was incurred;
- (c) a description of the goods or services for which it was incurred.

(NOTE: If you claim the right to recover in this litigation any amounts listed in the answers to the previous interrogatories, designate here specifically which amounts you claim the right to recover.)

ANSWER:

26. If you claim the right to recover medical expenses in the future in connection with the injuries resulting from the accident which is the subject of this litigation, state the nature of those expenses and the approximate dates when such expenses will be incurred.

ANSWER:

27. If you claim any loss of income or earning power as a result of the accident which is the subject of this litigation, either in the past, or present or in the future, state the amount of income you claim to have lost as a result of the accident or the total dollar value of the loss of earning power you claim to have lost as a result of the accident and identify specifically whether the claim is for the loss of income or for the loss of earning power and describe specifically the manner in which you calculated the amounts stated in the answer to this interrogatory.

ANSWER:

28. State the name and address of each person or organization by which you were employed within 10 years before the accident, or, if none, then the name and address of your last employer at any time before the accident, and as to each state the inclusive dates of employment, a specific description of the work you performed and your rate of pay.

ANSWER:

29. If you have been employed or self-employed at any time since the accident which is the subject of this litigation, state the name and address of each employer, and, as to each, state the inclusive dates of such employment or self-employment, a specific description of the work performed and your rate of pay.

ANSWER:

30. State whether or not you, or any person on your behalf, has brought any claim against any other person or organization for the injuries for which this action is brought. If so, please state the name and address of each such person and/or organization and the nature of the claim, and identify the document submitted in presenting the claim.

ANSWER:

31. Have you ever instituted a civil action in any court or have you ever been a defendant in a civil action in any court? If so, please state the name and address of the court, the names and addresses of other persons or corporations who were parties to such action, the civil action number, the date (including the year and, if possible, month) when such action was instituted, and whether or not you were a plaintiff or defendant.

ANSWER:

32. Please state whether you have ever had a conversation with the defendant and, if so, state the name and address of all persons present; the date and place of the conversation, and a general description of the conversation.

ANSWER:

33. State the name and address of every expert retained or employed by you in anticipation of this litigation or preparation for trial, whether or not you expect to call him as a witness at trial, and, as to each, state the dates of initial employment, the date or dates of any reports, letters or other writings prepared by such person, a brief description of such writing (as two page letter, three page report, etc.) and the names and addresses of all persons having copies of them.

ANSWER:

34. With reference to any expert you expect to call to testify as a witness at the trial, state the name and address of such expert and, as to each expert named, state:

- (a) the subject matter on which the expert is expected to testify;
- (b) the substance of the facts and opinions to which the expert is expected to testify;
- (c) a summary of the grounds for each such opinion.

ANSWER:

35. Insofar as you intend to introduce into evidence any expert testimony concerning past or future loss of income or earning power or the present value of a sum of money concerning a

future loss or expense and such evidence will be introduced through an expert economist or actuary, state the name and address of such expert and, as to each such person named, state a specific description of the losses for which such calculations are being made (as for instance, present value of the loss of future earnings, present value of future medical expenses, etc.) and describe in detail precisely the manner in which the person reached his conclusions showing the mathematical calculations involved and insofar as such person has prepared any report, memoranda, or any other matter in writing showing in whole or in part his conclusions or the facts on which such conclusions were based, state the date of such writing and the names and addresses of persons having copies of it.

ANSWER:

36. If you claim that the defendant violated any statute, State or Federal, or any regulation, code requirements or other mandatory instruction from any government authority whatsoever, specify in sufficient detail to enable the defendant to locate such statute, regulation, rule, code provision or mandatory instruction, the authority issuing it, and describe specifically the manner in which it was violated.

ANSWER:

37. If you claim the right to recover in this litigation for any damage to any property of any kind whatsoever, describe such property damage in detail and the manner in which it was damaged, the amount you claim the right to recover as a result of such damages and the manner in which you calculated that amount.

ANSWER:

38. State whether you are willing to execute a written medical authorization to inspect the records of hospitals and doctors who have rendered any medical treatment as a result of this accident. If the answer is "yes", please execute two copies of the medical authorization attached to these interrogatories.

ANSWER:

39. Give the names and addresses of all doctors who have been your family physician either at the present time or in the past and the years in which said doctors treated you, as well as the ailments for which said family physician treated you or attended you.

ANSWER:

40. Have you had an operations during your lifetime? If so, state the type of operation; the date when the operation was performed; the name and address of the physician who performed the operation and the name and address of the hospital where the operation was performed.

ANSWER:

41. Please give a detailed description of how the accident occurred.

ANSWER:

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